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NURSES' PERCEPTIONS OF THE ELDERLY IN THREE DIFFERENT CARE SETTINGS

BY

JACQUELINE SEBULSKY

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING.

FACULTY OF NURSING

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SPRING, 1994

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled NURSES' PERCEPTIONS TOWARD THE ELDERLY IN THREE DIFFERENT CARE SETTINGS submitted by JACQUELINE SEBULSKY in partial fulfilment of the requirements for the degree of MASTER OF NURSING.

Janet C. Ross Kerr
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Date: April 20, 1994

DEDICATION

To my father John whose *joie de vivre* will always remain in my memory.

To my mother Aileen for her wisdom, faith and encouragement.

To my sister Donna for her generous and positive nature.

To my brothers Douglas, Peter and Ryan for their love and humour.

To my husband Garry for his patience, encouragement and support.

And most of all to my children Jeremy, Justin and Ashley who have filled my life with joy and laughter.

ABSTRACT

In view of the changing age distribution of the national population, the elderly are seen as the single most important group influencing the pattern of health care delivery over the next 50 years. The significance of nurses' perceptions of this growing population is therefore apparent, yet studies have been inconclusive. Using a survey design, this study compared the perceptions of three groups of nurses' toward the elderly. Seventy-seven emergency nurses from an acute care hospital setting completed the Tollett and Adamson Aging Attitude Scale and the Kogan Old People Scales. These findings were compared to existing data on perceptions towards the elderly of 58 home-care nurses and 107 long-term care nurses. An analysis of group responses was done using frequencies, t-tests, chi-square, one way ANOVA and stepwise regression, to answer the research questions.

A significant difference was found between nurses in the three different care settings validating some findings from previous studies. In this study, emergency nurses were the most positive in their perceptions toward the elderly. Data analysis revealed that job category, education, and length of time spent with the client were related to differences in nurses' attitudes.

The findings of this study have implications for nurse administrators, nurse educators and nursing practice. Recommendations for future research should include an examination of the relationship between behavior and attitudes.

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TABLE OF CONTENTS

Chapter 1. Introduction 1

Research Questions 4

Definition of Terms 5

Perception 5

Elderly Person 5

Nurse 5

Institutional Long Term Care 5

Acute Care 5

Home Care 5

Chapter 2. Review of the Literature 6

Setting 6

Education 7

Length of Time Spent with the Elderly 8

Personal Experience with the Elderly 9

Age 10

The Attitudes of Health Care Workers Towards the Elderly 10

The Relationship of Attitude towards Behaviour 13

Purpose of the Study 16

Chapter 3. Methods and Procedures 17

Design 17

Settings 17
Emergency Department 17
Long Term Care 18
Home Care 19
The Sample 19
Research Instruments 21
Reliability and Validity 23
Protection of Human Rights 26

Chapter 4. Results and Discussion 28
Introduction 28
Description of Participants in the Study 28
Marital Status and Age 28
Employment Category 31
Nurses' Educational Level by Care Setting 32
Length of Time in Present Position by Group 37
Mean Number of Years Caring for the Elderly by Group 38
Nurses' Perceptions of the Elderly Based on Care Setting 39
Mean Scores on KOPS and TAAAS by Educational Level 45
Nurses Perceptions of the Elderly Based on Job Category 46
Question One 49
Question Two 50
Nurses' Perceptions of the Elderly Based on Other Variables 51

Correlations Between Negative and Positive Subscales 51

Reliability of the KOPS and the TAAAS 52

Responses to Short Answer Questions By the

Acute Care/Emergency Nurses 53

Chapter 5. Conclusions and Recommendations 55

Conclusions 55

Limitations of the Study 59

Implications for Nursing 59

Education 59

Nursing Administration 60

Public Awareness 61

Recommendations for Future Research 62

REFERENCES 63

APPENDIX A. Tollett and Adamson Aging Attitude Scale 70

APPENDIX B. Kogan Old People Scales 74

APPENDIX C. Information Form 80

APPENDIX D. Letter of Information 83

LIST OF TABLES

Table 1: Marital Status by Care Setting 29

Table 2: Age of Nurses by Care Setting 30

Table 3: Analysis of Variance for Age by Care Setting 30

Table 4: Employment Category by Care Setting 32

Table 5: Educational Level by Setting 33

Table 6: Close Contact with the Elderly as a Child by Setting 33

Table 7: Age Group Nurses Preferred to Work with by Setting 34

Table 8: Mean Number of Hours a Day Working with the Elderly by Group 36

Table 9: Analysis of Variance of Mean Number of Hours Working with the Elderly by Group 36

Table 10: Nurses' Length of Time in Present Job by Group 37

Table 11: Analysis of Variance of Length of Time in Present Job by Group 38

Table 12: Mean Number of Years Caring for the Elderly by Group 38

Table 13: Analysis of Variance of Mean Number of Number of Years Caring for the Elderly by Group 39

Table 14: Perceptions of the Elderly on KOPS by Care Setting 40

Table 15: Analysis of Variance Negative and Positive KOPS by Care Setting . . . 40

Table 16: Perceptions of the Elderly on TAAAS by Care Setting 42

Table 17: Analysis of Variance Negative and Positive TAAAS by Care Setting . . 43

Table 18: Mean Scores on KOPS and TAAAS by Educational Level 46

Table 19: Mean Scores on KOPS and TAAAS by Job Category 47

Table 20: Analysis of Variance Negative and Positive KOPS by Job Category 48

Table 21: Analysis of Variance Negative and Positive TAAAS by Job Category 49

Table 22: Correlations of Scores Between KOPS and TAAAS Scales 52

Table 23: Reliability of the KOPS and TAAAS 53

Chapter 1

Introduction

In Canada, the benefits of good health care, an improved standard of living, and a declining mortality rate, has resulted in more people living to old age. The United States and Canada together form a region with the second highest percentage of seniors in the world (Northcott, 1992). In 1986, there were 2,697,600 persons aged 65 years and over living in Canada, 10.6% of the Canadian population (Seniors Advisory Council for Alberta, 1990). Within the general population of seniors the highest expected growth rate is in the 75 to 84 age group. By 2031, it is projected that there will be 7.5 million elderly people in Canada (Institute for Health Care Facilities of the Future, 1988).

In 1986, 8.1% of the population of Alberta or 194,500 persons were aged 65 years or older. By 1991, the numbers had increased to 228,500, representing 9.1% of the population (Statistics Canada, 1991). It is predicted that by the year 2016, the senior population will reach 478,800 and comprise 13.5% of the population (Seniors Advisory Council for Alberta, 1990). The number of seniors is growing at a faster rate than the population under age 65. This represents a growth rate of 140% over a thirty year period compared to the under 65 age group estimated to grow by 14%. The aging of the "baby boomers" has been a major contributing factor to increasing the median age of Albertans from 29 years in 1986, to a predicted high of 36-40 years in 2016. These shifts in the age distribution of the population could result in major concerns for future resources. While the number of children will stabilize it is estimated that the number of seniors will more than double. Growing at the same rate

as the total population will be the working-age Albertan. This remaining component will represent 64% of the Alberta population and will be contributing to the wealth of the province (Premier's Commission on Future Health Care for Albertans, 1989). Callahan (1987, p. 112), contends, " No earlier society had to cope with so many old people living so long". The propensity for chronic illness increases with age. Many of the health problems of the elderly people are complex and require time and understanding of the population group (Robert Johnson Foundation, 1981; Eisenberg, 1985). The psycho-social needs and the degenerative process of aging demand time and attention from those involved in planning their care. Persons aged 65 and over consume a greater proportion of hospital, medical and long term care than other age groups (Government of Alberta, 1988).

Fiscal restraint and limited health care resources have raised ethical questions that are age driven. There is a concern voiced by many that great resources will be taken from the young and spent on health care and pensions for the dependent elderly (Seniors Advisory Council for Alberta, 1990). Callahan (1987, p. 116) in his book Setting Limits, suggests that the "meaning and significance of life for the elderly themselves is best founded on a sense of limits to health care." The growing elderly population forecast by sociologists and others has arrived. All of the aged experience some common health related problems that require nursing care. If age becomes the primary determinant of who does and who does not receive health care, those over age 65 (or other arbitrarily set year) will not receive full health care services. This will have a major impact on the caregiver-client relationship. Given that seniors'

health care needs are largely met through home care, long term care and acute care, it follows then that the perceptions of nurses employed in these institutions should be examined.

Acute care hospitals have experienced a steady increase in the number of elderly requiring medical and/ or surgical care. Approximately, 19% of acute care patients are 65 years and represent 36% of total patient days in acute care hospitals (Government of Alberta, 1988). The average length of stay for the elderly is more than twice that for all other age groups. Many of these clients have complex health problems requiring lengthy rehabilitation. Questions have been raised about the efficiency of using acute care beds for the elderly's rehabilitative or placement needs. As the number of elderly increases in Alberta, the number and types of services will have to change. There is a growing demand for a shift from institution-based to community based care.

The Coordinated Home Care program was established in Alberta in 1978, with an emphasis on maintaining elderly people independently at home with the assistance of professional services (e.g. nurses, social workers). As a result of pressure from seniors and persons with disabilities the government expanded these services. In 1984, the program grew to include seniors who required only support services (e.g. homemaking, personal care). A major step forward was made in 1991 when the program was offered to all age groups regardless of their need for professional services. In 1992, the Home Care program included 22,500 clients, 89% of whom were over the age of 65 (Home Care Information System, 1992). The philosophy of

independence reflects the desires of the aged. Clients often express a need for assistance in finding their way through the maze of community and facility-based resources available. Through its comprehensive assessment and case coordination capacities, Home Care assists the elderly to find the most appropriate resources.

Although able to remain at home and/or independent for longer periods of time than in the past, many will require the services required in a long term care facility during the latter stages of their life. In 1971, there were 8,144 long term care beds in Alberta, and this number had increased in 1986 to 12,051 (Alberta Health, 1988). By the fall of 1991, the long term care beds had grown to a total of 13,576 (Alberta Health, 1992).

The growing population of elderly offers a challenge to nurses in all health care settings. As a consumer group they use the largest amount of health care services. Correspondingly, nurses will spend increasingly more time with the aged providing nursing services. These services will be met primarily through home care, long term care and acute care facilities. The effectiveness of meeting this challenge will be moulded by the nurses' perceptions of this age group.

Research Questions

1. Does the care setting influence nurses' perceptions of the elderly?

2. Do the following factors influence nurses' perceptions of the elderly?

    -age

    -length of time in present position

    -amount of time spent with the elderly

    -job category

    -preferred client age group

    -formal and informal education

Definition of Terms

Perception: A set of beliefs organized through experience that exert a direct influence on an individual's response to an object/thing.

Elderly Person: A person over 65 years of age.

Nurse: A person who cares for the sick young or infirm. Categories of nursing personnel include: Registered Nurse (RN), Licensed Practical Nurse (LPN), Personal Care Aide (PCA), Home Care Aide (HCA) and/or Nursing Attendant (NA).

Institutional Long Term Care: Healthcare settings where care is provided by nurses and other health care professionals for adults who do not require intensive hospital treatment, but cannot be maintained at home.

Acute Care: Healthcare settings where people receive care for short-term illness.

Home Care: A healthcare delivery system that provides care for clients in their home environment. The caregivers are nurses and other health care professionals who are employed by an agency external to a hospital or long term care institution.

Chapter 2

Review of the Literature

Nurses' attitudes toward the elderly have been the subject of much debate in recent years. The elderly are major users of health services and it is reasonable to suppose that attitudes held by professional workers will help to determine the quality of care given this age group. The changing face of Canada's demographics demands that as practising health care professionals we should examine whether stereotyping of the elderly exists and what can be done to change this pattern. Various factors have been cited by nursing researchers as influencing nurses' perceptions of the elderly. No clear patterns have emerged in their findings. In the following chapter, a number of the influencing variables suggested by researchers during the past two decades are examined. These include the professional, personal, and employment characteristics of nurses.

Setting

The suspicion that "some component of an employment organization may effect change, or interact with an employees' attitude" has been recognized by Turkowski (1983, p. 8). In her study of 326 Registered Nurses working in three types of care settings she found a difference in nursing attitudes toward the elderly. Specifically, home care nurses had a more positive attitude than hospital nurses and nursing home nurses. Similar findings were found in a study by Broad (1992). Using the KOPS and the TAAAS she compared nurses from home care, long term care and acute care institutions. Her results indicated that home care nurses held

significantly more positive attitudes toward the elderly than the other respondents. This corroborated Brower's (1981a) findings in her study of 581 Registered Nurses from five different settings where home care nurses were found to hold more positive attitudes than both hospital and nursing home nurses. Brower speculated that these findings were a result of both organizational structure and patient population. In a study of 71 nurses, Taylor and Harned (1978) noted that hospital-based nurses had more positive attitudes towards the elderly than those employed in nursing homes or community health settings.

Education

The educational preparation of nursing personnel caring for the elderly has been variable. Harrison & Novak (1988) using a lecture/discussion format, provided a short-term educational program for 76 nurses. Using pre and posttest scores, their results indicated that the nurses' attitudes improved as a result of this program. Conversely, learners' attitudes towards the elderly became slightly more negative during the use of a gerontology learning package in a study by Treharne (1990). Campbell (1971) hypothesized that nurses with a Bachelor of Science Degree would have a more positive attitude toward the elderly than those with a diploma or an associate degree; however, she found the opposite to be true. These findings were also confirmed by Gillis (1973) in a similar study. What is not clear in both of these studies is whether the nurses examined had a background of gerontology theory or experience.

The effect of student clinical experiences on attitudes toward the elderly has

also been the focus of previous study. Heller & Walsh (1976) found that by choosing a program of study where the students had frequent contacts and planned experiences with "well older" people, the students' attitudes and desire for working with the elderly increased. In their study of nursing students' attitudes and early clinical experiences, Roberts and Powell (1978) found student nurses' negative attitudes toward the elderly increased when nursing fundamentals was taught early in the program utilizing a chronically ill elderly population. Referring to the use of nursing homes to provide nursing students with initial clinical experience "the rape of geriatrics by fundamentals nursing instructors" (pp. 46-47), the authors strongly urged that first time experiences begin with the well elderly. In contrast to the previous two studies, Kayser & Minnigerode (1975) found that student nurses were reluctant to work with the elderly despite a satisfactory clinical experience. A further problem that they identified was the students with the most stereotyped attitudes were the ones most likely to work with the aged.

Length of Time Spent with the Elderly

Brower (1981a) found that nurses who spent a high percentage of their time working with elderly clients had less favourable attitudes than those who spent less time. In a study of 581 nurses drawn from five different health care settings, those participants who spent 75% or more of their time with the elderly held the least favourable attitudes. This concern was even more alarming when she discovered that those participants who spent 25 to 75% of their time with the aged were at best, indifferent to this population. Brower conjectured that the indifference was possibly a

result of a sense of frustration brought about by a lack of knowledge in problem solving in the care of the elderly and a sense of powerlessness within the context of certain care settings. Turkowski's (1983) findings were in contrast with those of Brower. Turkowski found that nurses who spent more time with the elderly demonstrated more positive attitudes. While participants spent on average 50% of their time with the elderly, home care and nursing home nurses spent over 60% of their time with the elderly and scored higher in their attitude scores than the hospital nurses who spent only 40% of their time with the aged.

In a study of 165 nurses Campbell (1971), discovered that the registered nurses spent the least amount of time caring for old people, and preferred not to work with them. Conversely, (in the same study) the LPN's spent more time caring for the clients and were more willing to do so. Although some similarities exist between Brower's and Campbell's findings, the two studies do not provide conclusive evidence as to whether the amount of time spent with the elderly or the type of care that they required are accountable for the differences in attitude.

Personal Experience with the Elderly

There have been limited studies done on the relationship between personal experiences with the elderly and nurses' perceptions. In a small study with 28 subjects, a positive correlation was found between personal experience and nurses perceptions (Jorn, 1984); however, the response rate in the study was low and included only nurses with a positive attitude.

Armstrong-Ester, Sandilands, and Miller (1989) in a Canadian study using the

Kogan Old People Scales (KOPS) discovered findings that were in contrast with those of Jorn. In studying a group of health care workers consisting of volunteer staff, registered nurses, degree nurses, and nursing aides, these authors found subjects with more frequent contacts with elderly parents were more negative toward the aged. Chaisson (1980) through the use of a simulation game, found that students who lacked first-hand positive experience from aging relatives were more likely to develop stereotypical responses.

Age

Conflicting evidence relating attitudes toward the elderly and age of the caregiver have been reported. In a study of 255 nurses, McCabe (1989) found that older nurses had more negative attitudes than younger nurses. Conversely, authors Campbell (1971), Katz (1990), and Brower (1981a) found that older nurses had more favourable attitudes than their younger colleagues. However, in Brower's (1981b) study this finding was not consistent amongst all care settings. She noted an interaction between organizational type and age. Broad (1992), who examined a group of 284 Alberta nurses, did not find a relationship between the age of nurses and their perceptions toward the elderly. These findings have also been supported by others (Armstrong-Ester, Sandilands, & Miller, 1989; Gillis, 1973).

The Attitudes of Health Care Workers Towards the Elderly

Attitudes toward the elderly were first examined in the early fifties (Tuckman & Lorge, 1953). In the late sixties, the term ageism was used to describe the elderly (Butler, 1969). This term may be used in the pejorative sense and labels one as being

old simply because they are over 65 years of age. Much research has been carried out in this area to assess the nature of ageism. The findings have shown controversial results. Attitudes toward the elderly are more negative compared with attitudes toward younger individuals (Kogan, 1979; Wernick & Manaster, 1984; Crockett & Hummet 1987; Kite & Johnson, 1988). Some authors have found either positive attitudes, or no difference at all between the two age groups' measurements (Puckett, Petty, Cacioppo, & Fisher, 1983, and Rothbaum, 1983).

According to several authors, care of the elderly is an unpopular career in a number of clinical settings including medicine (Haug & Ory, 1987), social work (Mutshler, 1971) and clinical psychology (Schaie, 1988). These findings are also true of nursing (Tollett & Adamson, 1982). Others suggest that the student population of various health care disciplines negatively stereotype the elderly (MacLean & Chown, 1988). This lack of interest and possible stereotyped attitudes of those working with a population that is growing significantly has far reaching implications for both the present and the future health care demands of the elderly.

Attitudes are therefore formulated by the interrelationships of a number of variables. Haug & Ory (1987), argue that medical knowledge of the aging process is largely experiential, perhaps outdated, and lacking in knowledge derived from the social and behavioral sciences. Medical personnel are most frequently exposed to the ill and dependent (Miller 1991). Therefore, they are very susceptible to thinking of old age as bringing sickness and dependency.

In a study of nursing care personnel it was noted that the elderly were

recognized as the most needy group of patients. This, however was not accompanied by a willingness to work with them (Hardie, 1975; Tollett & Adamson, 1982). It was noted in studying one group of nurses working in a geriatric care facility, that they were afraid to become too close to their patients (Smith, 1986). The results showed that staff viewed patients as a reflection of their own futures. By distancing themselves from the elderly client, the caregiver failed to recognize the emotional needs of this client group. This led to lack of involvement of staff with quality of care issues and an inability to address the real needs of patients.

Emergency nurses function in an environment where both urgent and nonurgent patients are cared for. There have been few studies which have focused on specific services, however in one study, emergency room nurses were asked to identify the following: their expectations of and attitudes towards work; areas of emergency work preferred and/or disliked; and perceptions of the nurses' role (Lewis & Bradbury, 1982). Findings of this study indicated that the nurses generally preferred working with the medically urgent patient and/or the critically injured because they considered the nonurgent patients to be time consuming and an inappropriate utilization of emergency departments. The amount of urgent clients seen in emergency departments is less than five percent, it follows then, nurses who work in this environment are spending 95% of their time caring for the "illegitimate" or non-urgent client. Over the past two decades a change has occurred in the emergency patient population, nurses' attitudes and medical technology. During this time, nurses have been caring for increasing numbers of the elderly for extended

periods of time within the physical constraints of an emergency department. This is because of a lack of hospital beds on other more appropriate care areas. In a local emergency department the number of monthly elderly client visits was 825 representing 13.4% of the annual emergency population. The complexity of many of the health problems of elderly people and the present medical technology available to examine these problems are responsible for these changes. This complexity requires long-term care and cannot be adequately addressed in an emergency department setting. The consequences of this problem has far reaching implications for patient care. Are nurses' perceptions of the elderly admitted to the emergency department different from their perceptions of other age group admissions? Given that a study of emergency nurses' attitudes toward the elderly has not been done, it is the author's belief that a study of this population will make an important contribution to the development of nursing knowledge.

Much research must be done before conclusive generalizable statements can be made about the factors that interact with or affect attitudes. The inconsistencies and variances identified in the literature review are indicators of a need for continued new research, a replication of the reviewed studies and ongoing evaluation of available tools. In view of the increasing elderly population it is important to expand and improve the knowledge base that will affect their care.

The Relationship of Attitude towards Behaviour

Bandura and Walters' (1964), social learning theory postulates that attitude is a result of learned behaviours. According to their theory, attitudes are modeled on

the behaviours of real-life or symbolized models. The consequences of these behaviours will determine whether they are weakened, strengthened, or inhibited. The relationship between behaviour and attitudes has been well established (Cialdini, Petty, & Cacioppo, 1981), and has important implications for the type of care that is given to the elderly (Finnerty-Fried, 1982). For example, students see a limited number of registered nurses caring for the elderly in extended care facilities. It would follow then, that they will be unlikely to seek employment in these types of facilities. Students need to look to instructors and other professionals as role models. Schools of nursing include theory in obstetrics, paediatrics, surgery, medicine and psychiatry but lack content in gerontology. The message for students in this is that knowledge about the aged is unimportant (Kayser & Minnigerode, 1975).

Curiously, while the paediatric and obstetric populations of clients have been declining over the past decade the geriatric population has been steadily increasing. This has not been reflected in the nursing curriculum. Nurse educators have not been responsive to society's needs. There is a lack of specialists in the area of gerontological nursing. More importantly, there appears to be limited attempts to improve the existing nursing curriculum.

Diamond (1980) has suggested that attitudes of nurses may influence care-giving and the sensation of human touch. Barnett (1972a), has noted similar findings in nurses' relationship with the elderly. It has been observed that the elderly are the most deprived of touch and human experiences, especially if they are separated from significant others and institutionalized in long term care facilities (Barnett, 1972b;

Burnside, 1981; Hollinger, 1980; Huss, 1977; Watson, 1975).

Hatton (1977) examined the relationship between attitude and behaviour. Seven Registered Nurses were observed in their interactions with the elderly and then the nurses were requested to complete the KOPS questionnaire. The findings of the positive score of the KOPS were then compared with the positive scores of the interactions. Although the findings were not statistically significant, the author concluded that there seemed to be a relationship between attitude and the nurses' positive interaction with the elderly.

Several studies have shown that care for the elderly was of a lesser quality than that offered a younger population. This was noted in the area of health teaching, (Young, Kahana, & Rubenfire, 1987), interpersonal communications (Oliver & Redfern, 1991) and medical care (Haug & Ory, 1987). These findings are of concern because the health care workers' attitudes were correlated with the type of care that was delivered.

Hicks, Rogers, and Shemberg, (1976) have suggested the conflicting findings of measuring attitude is the result of treating it as an uni-dimensional rather than a multi-dimensional construct. They concluded that not doing so leads to further confusion in the literature. These serious deficiencies have resulted in creating myths and stereotypes about the elderly in the minds of the public. This has strong implications for both social attitudes and the care of the elderly. Words such as old, unproductive, and frail are common descriptors of the over 65 years population. In a society that values youth, physical beauty and productivity, the elderly offer a sharp

contrast to what is viewed as desirable.

Given that nurses are responsible for the delivery of client care, it is important that we examine their beliefs about the aged. In order to promote care of the elderly, it is essential to identify those factors that influence positive attitudes. Findings in previous studies on attitudes toward the elderly in long term care, home care, and acute care nurses are both varied and inconclusive as evidenced by the literature review. Further, the variable in question has never been studied in emergency nurses. The description of a specific phenomen such as attitudes toward the elderly within a population is critical for both theory building and theory testing in nursing.

Purpose of the Study

The purpose of this study is to explore and describe the perceptions of nurses toward the elderly in three different health care settings. These perceptions will be examined to determine if the following variables, care setting, education, length of time spent working with the elderly, past personal experience with the elderly, age, job category, and recent education on gerontological issues affect these perceptions.

The answer to these questions may yield specific information that will provide an awareness of attitudes of nurses towards the elderly and be the basis from which to explore further contributing factors.

CHAPTER 3

Methods and Procedures

In this chapter the setting, population, and research methodology will be described. Instruments used to collect the data will also be discussed.

Design

A descriptive survey design was used to collect data on nurses' perceptions toward the elderly. The nurses were employed in three different care settings: emergency, long term care and home care. Data analyzed in this study was collected over two different time periods. The data from the LTC nurses and HC nurses was collected over a four month period from May to June in 1990 by Broad (1992). The data from the emergency nurses was collected from May to August in 1993 by the researcher. The data collected from Broad's (1992) study was then compared to the findings collected from emergency nurses in this study. The descriptive design was considered the most appropriate for this study because nurses attitudes toward the elderly have revealed inconclusive findings.

Settings

This study includes data collected from the acute care environment only (namely, emergency) which is subsequently compared to findings from another study which collected the same data from two other sites, namely, long term care and home care.

Emergency Department. The three acute care facilities were located in an urban centre in western Canada. Only the nursing staff working in the emergency

departments were invited to participate in the study. The age of the patient population admitted to these emergency departments varied from newborns to the elderly age group. The nursing care of the elderly patient group ranged from total assistance with activities to minimal assistance. All patients examined in emergency departments are either admitted to hospital or discharged back into the community. If the patient is admitted to hospital and no inpatient beds are available, the possibility exists that clients will be expected to remain overnight in the emergency department until a bed becomes free. Emergency nurses are responsible for patient care during this time. This condition was true for all three acute care hospitals.

The identities of the three public hospitals will be known as A, B, and C in this study. Hospital A, was a 932 bed facility providing emergency services to 73,900 clients during the time period of April 1, 1992 to March 31, 1993. The total number of emergency visits for ages 65 years and over was 9,887 or 13.4% of the total emergency population. Hospital B, consisted of 1200 beds and provided emergency services to 62,837 clients in 1992-1993. There were 7,464 (11.8%) emergency visits for the elderly. Hospital C, was the smallest of the three facilities. The bed capacity in this hospital was 332 and the emergency client visits between March 1992 to April 1993 was 45,253. Emergency visits for those aged 65 and over were 6,153 (13.6%).

Long Term Care. The long term care facility was situated in the same city as the acute care centres. This 312 bed multi-level institution was publicly owned, operated and funded by the provincial government. Residents in the long term care

system in Alberta were classified from A to G on a yearly basis; the classification system is determined by the amount of care required per client. Classification A represents those clients requiring minimal assistance whereas classification G's require extensive assistance. According to Broad (1992) client classifications were as follows, 9 A's; 54 B's; 28 C's; 23 D's; 55 E's; 124 F's and; 19 G's. At the time of her study, this mix was placed at six percent above the average for long term care institutions. The age range of residents was from 19-105 years with a mean age of 79.10 years. All nursing staff were invited to participate in the study.

Home Care. The Coordinated Home Care Program was located in a rural area adjacent to the two urban study facilities. The health unit area included five towns consisting of several thousand people and one city of approximately 45,000 residents. The total caseload for the health unit area was 861 clients (Broad, 1992). Nursing personnel from all six health unit sub-offices were invited to participate in the study.

The Sample

A nonprobability convenience sample was used. Probability sampling was rejected for two reasons: first, the total population was accessible, and second, probability sampling would have reduced the size of the groups. The total population of full and part-time nurses from the three settings were invited to apply. This varied group included nurse managers, associate nurse managers, nurse educators, registered nurses, licensed practical nurses, and health care aides or/personnel care attendants. The nurses in the sample group worked all shifts. Those nurses who were ill or on holidays were excluded from the group.

The emergency departments representing the acute care sector consisted of the following staffing components: Hospital A included: 49 full-time RNs, 19 part-time RNs, and five full-time LPNs; Hospital B included: 26 full-time RNs, twenty-two part-time RNs, four LPNs and one part-time LPN; and Hospital C included: nine full-time RNs and 15 part-time RNs.

At the time data was collected by Broad at the long term care facility, there were 193 full and part-time nursing employees. These employees consisted of the following job categories: 47 RNs, 57 LPNs, and 89 NAs (1992).

The total number of home care nursing staff at the time of the study by Broad was 79 employees. These staff members consisted of 39 RNs and 40 HCAs. With the exception of one of the health unit sub offices, all nursing staff working with home care clients were employed by the health unit. This subunit contracted services from the local Family and Community Support Services (FCSS). The HSA employees from FCSS were also included in the study (Broad, 1992).

The educational preparation of respondents from all three sites was varied. The Personal Care Aides and the Health Care Aides had no formal health care training and were trained on-the-job. Their training was designed by job description and delivered by the employing agency. This competency based program was developed by a local vocational college. Licensed Practical Nurses attended a ten month program at a vocational college. During this time they received a mix of classroom theory and "hands on" experience in a clinical (hospital) setting. Registered Nurses' educational preparation consisted of either a community college

two year diploma program or a two and one-half to three year school of nursing program. The third category included those participants with university preparation at the bachelor's degree level. This type of program generally requires education of four years' duration. The final category was a master's level preparation requiring approximately two years beyond the bachelor's degree.

Research Instruments

Perceptions of the elderly was measured using two tools, the Tollett and Adamson Aging Attitude Scale (TAAAS) (Appendix A) and the Kogan Old People Scales (KOPS) (Appendix B). Demographic information as well as responses to a series of four open-ended questions were also collected (Appendix C). The Kogan Old People Scales are a set of 17 matched positive and negative items about the elderly. This scale was developed by Nathan Kogan and initially tested on university students in 1961. According to Kogan the purpose of the instrument is to measure two different attitudinal views toward the elderly. KOPS has been widely used in nursing research since 1977 (Hatton, 1977; Brower, 1981a; Turkowski, 1983; Broad, 1992). It is designed to be self-administered and uses a Likert-type format with a total of six possible responses to the statements.

The KOPS Likert scale was scored on a 6 point Likert scale from one to six, with one being strongly disagree and six being strongly agree. A score of 3.5 was considered to be mid-point of the scale. A high negative score indicates an unfavourable attitude toward the elderly likewise, a high positive score indicates a favourable attitude toward the elderly. To maintain consistency with the scoring

technique used in Broad's study a "no response" was treated as a missing value. She explained this approach as follows:

> The scoring of the KOPS for this study was adjusted as the author did not believe that the "no response" category would ensure that the respondent would be neutral toward the statement. (p. 56)

In this study the positive and negative statements of the scale were treated separately. Turkowski (1983) recommended a similar scoring approach because she believed a single summed score of both positive and negative statements did not clearly explain the subject's attitude.

The second instrument the TAAAS consists of 22 questions with equal numbers of both positive and negative questions. This scale is relatively new, having been developed by two nursing researchers in 1980 to measure attitudes toward the elderly. Since that time it has been successfully used by several nursing researchers (Jorn, 1984; McKenny, 1984; Broad, 1992). TAAAS uses a five-point Likert-type scale. In this study items were scored one to five with one meaning strongly disagree and five meaning strongly agree. Three was considered the neutral point on this scale. To maintain consistency with the KOPS scale the negative scores and the positive scores were summed separately. Using this method, the highest possible score on the TAAAS would be 55 while the lowest possible score would be 11. Participants who disagreed with the negative statements about the elderly would most likely hold favourable attitudes toward the elderly and participants who agreed with the negative statements would perceive the elderly negatively.

In this study, the researcher used two different instruments to measure the same variable, attitudes toward the elderly. This methodology was considered appropriate because the TAAAS had limited documented use and the KOPS had been widely used and had established reliability and validity.

The research instruments were tested prior to data collection to identify problems in the research design. Subjects selected for the pilot study included three Master of Nursing students, three RN's, and one RNA. The MN students had no experience in emergency nursing, while the RN and RNA participants worked in emergency departments not involved in the study.

Data Collection Procedure. Meetings were scheduled to allow the researcher to meet the nursing staff at the three different hospitals. These meetings were held at various times throughout the day to allow access to more personnel. The purpose of these meetings was to explain the study and to gain support from the participants. Explanation of the study included a description of the instruments to be used. In addition, employees were informed about ethical approval for the study. Staff members unable to attend the meetings were left copies of the instruments along with directions for their use. Completed questionnaires were returned to the researcher via a sealed container placed in a convenient location on the unit. Weekly contact, either verbally or in writing, was made by the researcher with the emergency departments involved in the study. Data collection took place between May and August, 1993.

Reliability and Validity. Content validity of the Tollett and Adamson Scale questions was established by the original authors in several ways. An in-depth review

of the literature was done in order to identify areas of concern in respect of attitudes. A number of scales to measure attitudes toward the elderly were obtained and evaluated. A panel of experts was developed consisting of an expert in gerontology and geriatrics, geriatric nursing clinical specialists and a psychometrician. Then, two hundred and fifty items were generated for a questionnaire to measure attitudes toward the elderly (Tollett & Adamson, 1980). These items were divided into two parallel forms (A and B) and two pilot testings were conducted. The final outcome of testing resulted in two parallel forms consisting of 22 questions each. The author used Form B (Appendix A).

Factor analysis carried out by Tollett and Adamson (1980) on Form B determined that the items were measuring valid determinants of attitudes toward the elderly. Items which explained less than 5% of the variance were dropped from the final tool. Internal consistency and reliability of the instrument were statistically significant with a point biserial correlation coefficient ranging from $r=.77$ to $r=.71$, for Form B. The alpha reliability coefficient was $r=0.91$. Equivalence of the tool has been maintained because different investigations have revealed consistent results. The generalizability of these findings is limited to the sample group of this study.

The Kogan Old People Scales have been used extensively in nursing research. Some of the items were adapted from ethnic minority items while other statements reflected intuition about societal stereotypes and feelings about the elderly. These statements focused on such areas as interpersonal relations, personal appearance, residence, dependence and personality. This questionnaire uses a Likert-type scale to

rate participants' responses. The reliability coefficients of this instrument are .66 to .85, with a trend towards greater reliability on the negative scale (Kogan, 1961).

An attempt to control for social desirability and acquiescence response sets was incorporated in the design by pointing out clearly to participants that there were no right or wrong answers to the questions (Brink & Wood, 1988). However, social desirability remains problematic.

Data Analysis

A statistical analysis software package SPSSPC+ was used on an IBM-type stand alone computer to analyze the results. To evaluate the similarity between groups, the chi-square statistic was used to test the nominal variables of sex, marital status, job category, contact with elderly people as a child, age of preferred client group, and level of education. T-tests were done to compare group means between males and females. One way ANOVA was used to test the difference in means on the four subscales (TAAAS negative, TAAAS positive, KOPS negative, and KOPS positive) between groups with the variables level of education, care setting, and job category of the sample. To examine differences between attitudes of nurses in the three care settings to the variables, age of the nurse, amount of time spent working with the elderly, length of time at this job, and number of years caring for the elderly, a one way ANOVA was done. As there were differences identified between the groups, Scheffé contrasts were done to determine where the specific group differences occurred. Following this, stepwise regression was used to determine if the dependent variable perceptions were predictive of the participants' age, level of

education, length of time at this job, and hours working with the elderly. Cronbach's alpha was calculated to determine the internal consistency of the scales. An analysis was also done to determine the reliability between the scales.

Protection of Human Rights

Fundamental protection of the autonomy of subjects and respect for their right to decide whether or not to participate was fundamental to this study. Ethical approval was obtained from the Faculty of Nursing Ethics Review Committee of the University of Alberta and the ethics committees of the acute care facilities used in this study prior to data collection. Ethical approval for the data collected in the Broad study was obtained in 1990 from the Faculty of Nursing, University of Alberta. Permission was granted by the participants in Broad's study to do secondary analysis of her data. The researcher was granted permission by Broad to use her findings in this study.

All subjects involved in the study have participated voluntarily. A completed and returned questionnaire was accepted as evidence of informed consent. No obligation was placed on the individual to participate. Subjects had the right to ask questions and to withdraw from the study at any time. The researcher protected the anonymity of subjects by transcribing all data by code numbers. Participants were informed that the data collected throughout the study would be kept in a locked area to ensure confidentiality.

Potential risks to subjects through completion of the questionnaire items in this study were not anticipated. Participants were requested to return the questionnaire in

a sealed envelope to an assigned deposit box. The length of time involved for completion of the instrument was approximately 20 minutes. The time involved did not compromise patient care or prevent subjects from carrying out other employment duties because of the three week return dates.

There were no direct benefits to subjects, other than the opportunity to participate in a study where the objective was to contribute to knowledge. The researcher agreed to disseminate study results through a series of workshops in the participating agencies following completion of the study. In view of the increasing number of elderly seeking health care, these results could potentially be useful to nurses in recognizing their perceptions towards the elderly. Given that perceptions are the result of learning, subjects will recognize how their attitudes affect others. Attitudes are closely linked to behaviours. How one feels about someone strongly influences interpersonal behaviours. This has major implications for patient care. Although this study does not examine the causal link between behaviours and attitudes, it may provide useful groundwork to enable others to undertake further research on this topic.

Given that there are limited Canadian studies of nurses' perceptions toward the elderly and none which have included emergency nurses, these results may be helpful in understanding how nursing staff in various care settings perceive the elderly. Secondly, organizations may need to examine how their practices and policies are contributing to the staffs' perceptions of their elderly patients.

Chapter 4

Results and Discussion

Introduction

The total sample size for this study was 242 nurses in three different care settings. Data from long term care nurses and home care nurses was collected by Broad in 1990. Data from emergency nurses was collected by the researcher. The overall response rate was 63.82% in a sample comprised of 77 emergency nurses, 107 long term care nurses and 58 home care nurses. The survey packets were distributed to 146 LTC subjects, 70 HC nurses and 110 ER nurses. In this study the return rate was as follows, 76.02% LTC, 84.29% HC, and 59% ER. Data from all three groups was entered and analyzed using the Statistical Package SPSSPC+.

Description of Participants in the Study

Sociodemographic information obtained from the respondents included age, marital status, job category, hours per day working with the elderly, experience at this job, previous exposure to the elderly as a child, number of years caring for the elderly, preferred age group and education. As there were only seven men among the subjects they were grouped with all other participants. Comparison of the mean scores of both subscales were done between male and female participants. Clearly, there were no differences in their answers. An examination of the demographics between male and female subjects showed no difference in variability.

Marital Status and Age. The majority of the participants (177) across all three settings were married as noted in Table 1. The remainder of the subjects were either

single (10.4%), divorced (11.5%), widowed (2.5%) or other (1.7%) status. Given that the data for this study was collected at two different time periods, all findings should be reviewed with caution. Within a three year time period, different working conditions may have existed and had an important influence on the results.

Table 1

Marital Status by Care Setting

MARITAL STATUS	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
Married	50	76	51	177
Single	15	9	1	25
Widowed	1	3	2	4
Divorced	7	17	4	28
Other	2	2		4
Total	75	107	58	240
Chi-Square=18.64 df=8 $p<.05$				

The individuals who returned their questionnaires ranged in age from 21 to 64. The mean age for ER nurses was 36.77, 43.23 for LTC nurses, and 43.03 for HC nurses (See Table 2). The total mean age was 41.04. Table 3 shows an F Ratio at 16.07 indicating a statistical difference between the HC nurses and the ER nurses, as well as the LTC nurses and the ER nurses. It was not unusual to find the youngest age group of nurses working in the acute care setting because nurses frequently

remain in the hospital where they received their education. By remaining within the familiar clinical setting, new graduates benefit from the understanding of the institution and its procedures. Younger graduates are also inclined to remain in an area that will provide them with a variety of nursing experiences and advanced technologies that would not be available in home care or long term care settings.

Table 2

Age of Nurses By Care Setting

CATEGORY	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL RESPONDENTS
MEAN AGE	36.77	43.23	43.03	41.04
STAND. DEV.	7.88	7.68	8.42	8.45
RANGE	21-57	25-60	28-64	21-64

Table 3

Analysis of Variance for Age of Nurses by Care Setting

SOURCE	DF	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	2020.71	1010.36	16.07	.000
Within groups	220	13829.9	62.86		
Total	222	15850.6			
Scheffé contrasts-Groups 2 (LTC) and 3 (HC) are significantly different from Group 1 (ER)					

Employment Category. There was a significant difference created by employment category among nurses in the three care settings. RN's were the largest group and comprised 57.01% of the respondents. The lowest percentage of participants was the LPN group (15%). This was not surprising as there was a limited number of LPN's and none of the NA/PCA/HSA group employed in the acute care setting. To function in an emergency department in an acute care setting requires the ability to perform more complex nursing tasks than those in the NA/PCA/HSA group are capable of performing. This is also true of the requirements of LPNs. The disproportionately low numbers of LPN's in the emergency setting is reflective of the situation of most speciality units in an acute care setting.

The majority of PCA/NA/HSAs are found in long term and home care settings as indicated in Table 4. This group of health care workers are primarily responsible for the personal care of the clients. Many of the home care and long term care clients are immobilized or otherwise incapable of managing their personal care. The educational preparation of the PCA/NA/HSA group is sufficient to prepare them to meet these needs and thus to free the RN to devote more attention to more complex patient care needs.

Table 4

Employment Category by Care Setting

EMPLOYMENT CATEGORY	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
RN	73	35	29	137
LPN	2	33	1	36
NA/.PCA/HSA	N/A	39	28	67
TOTAL	75	107	58	240
Chi-square=190.42 df=8 p.<.05				

Nurses' Educational Level by Care Setting. It was noted that a broad range of educational preparation was characteristic of the respondents in this study. At the request of the Faculty of Nursing Ethics Review Committee, the researcher removed the option Grade 12 or less from the demographic question requesting the respondents' level of education. It was the committees' belief that nurses working in the emergency department would not have less than the level of education obtained at a technical institute and thus, it was an unnecessary category for respondents. Given this, the category of grade 12 or less in Broad's (1992) data was not used for comparison. This resulted in 84 missing observations. In this study, options for education consisted of 1. Technical School, 2. RN Program, 3. BScN or other University Degree, and 4. MN Program. The results indicated in Table 5 show the majority of participants were RN's and only 20.7% held an undergraduate degree or higher.

Table 5

Educational Level By Care Setting

EDUCATION LEVEL	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
Technical	4	16	1	21
RN	55	31	19	105
BScN or Other	14	7	9	30
MN	2	1		3
TOTAL	75	55	29	159
Chi-square=21.67 df=6 p.<.05				

Close Contact with the Elderly as a Child and Preferred Age Group. There were no significant differences found in these results. The majority of participants (66%) had previous contact with the elderly as a child (See Table 6). Throughout all three care settings, approximately twice as many respondents had this experience as those who did not.

Table 6

Close Contact with the Elderly as a Child by Setting

CLOSE CONTACT	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
Yes	51	68	38	157
No	23	39	20	82
Total	74	107	58	239
Chi-square=4.28 df=4 p.=.37				

Examination of the preferred client age group by facility revealed that the emergency nurses enjoyed a mix of age groups. It was evident from the results in Table 7, that young and middle aged adults were the preferred clients. Although there was no category preference for working with mixed age groups, it is noteworthy that 22 of the respondents preferred this age mix as indicated by their handwritten responses. The variety of age groups seen in the emergency department appeared to fit the client age mix preferred by emergency nurses; perhaps because this was within the range of their experience and they enjoyed it. Not surprisingly, those working in HC and LTC preferred the elderly adults. Overall, the preferred age group of the several populations tested was representative of the population for whom they cared.

Table 7

Age Group Nurses Preferred to Work with by Care Setting

PREFERRED AGE OF CLIENT	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
Infants		5		5
Children	1	4	2	7
Teenager	2			2
Young Adults	24	4	2	30
Middle Aged Adults	20	4	9	33
Elderly Adults	3	80	37	120
More Than One Group	22			22
Total	72	97	50	219
Chi-square=152.90 df=12 p.<.05				

Mean Number of Hours a Day Working with the Elderly. The mean number of hours spent working with the elderly showed statistical significance between all three groups based on the Scheffé analyses (See Tables 8 and 9). These findings of differences in hours working with the elderly between those in all three settings were not surprising in view of the clientele of the particular setting. The long term care facility had a higher number of dependent elderly requiring extensive assistance in all areas of their care. The mean age of the residents was 79.10 years with only 12% (37) of the residents below the age of 65. The home care population generally had a high proportion of elderly clients compared to the under 65 age group. Although it is not clear if this was typical of the home care clients used in Broad's study, it seems reasonable to assume that this was so. Elderly clients remaining in their homes were usually more independent and mobile than long term care clients. The mean time differences between home care nurses and long term care nurses may possibly be explained by the travelling time required of home care nurses to reach their clients. This interpretation was also noted by Broad (1992) in her findings. She further explained that travelling time also gave the caregiver a chance to relax and "change focus" between clients.

Table 8

Mean Number of Hours a Day Working with the Elderly by Group

	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL RESPONDENTS
MEAN HOURS	3.91	7.25	5.59	5.78
STAND. DEV.	1.95	2.02	2.28	2.51
RANGE	1-9	3-16	2-17	1-17

Table 9

Analysis of Variance of Mean Number of Hours Working with the Elderly by Group

SOURCE	DF	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	498.41	249.20	58.47	.000
Within groups	237	1010.09	4.26		
Total	239	1508.50			
Scheffé contrasts-Significant differences between all three groups.					

Emergency nurses spend less time in a day working with the elderly than both home care and long term care nurses. This finding can possibly be explained by the nature of the client mix and the nursing practices of the emergency department. A range of age groups from neonatal to over 65 years are seen in emergency departments of acute care settings. Approximately 13% of the emergency clients seen

in an urban emergency department in 1993 were 65 years of age and older. Emergency nursing is the rendering of health care to all clients who present at their department. The volume and types of health related conditions are limitless. The environment is unique because of the limited intensity and duration of nursing contact per client. Unlike other care settings there are no set patient assignments. Instead, nurses are assigned to particular sections of the department where clients are examined dependent on the acuity of their condition. Several nurses may be involved in different aspects of a clients' care. The volume of clients usually determines the amount of time spent with each client.

Length of Time in Present Position by Group. The length of time long term care nurses held their present positions was noted to be statistically different from that of home care and acute care nurses. Mean scores for home care nurses (3.89) and emergency nurses (3.22) were relatively similar (See Tables 10 and 11). Long term care nurses had been in their current positions significantly longer, averaging 8.72 years.

Table 10

Nurses' Length of Time in Present Position by Group

CATEGORY	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL RESPONDENTS
MEAN TIME IN YEARS	3.22	8.72	3.89	5.81
STD. DEV.	1.57	6.22	3.33	5.22
RANGE	1-9	.25-30	.00-12	.00-30

Table 11

Analysis of Variance of Length of Time in Present Position by Group

SOURCE	DF	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	1637.38	818.69	39.75	.000
Within Groups	239	4921.99			
Total	241	6559.37			
Scheffé Contrasts-Group 2 (LTC) is significantly different from Group 1 (ER) and Group 3 (HC)					

Mean Number of Years Caring for the Elderly by Group. The three groups showed differences in the number of years they had cared for the elderly. Not unexpectedly, the mean number of years for the long term care nurses was the longest at 11.27, while those for the emergency nurses were the shortest 4.02 (See Tables 12 and 13). The time for home care nurses was between the other two groups at 8.00. All differences between groups were significant except for those between the LTC and HC nurses.

Table 12

Mean Number of Years Caring for the Elderly by Group

CATEGORY	EMERGENCY	LONG TERM CARE	HOME CARE	TOTAL
MEAN YEARS	4.02	11.27	8.00	8.17
STD.DEV.	1.46	6.61	7.10	6.44
RANGE	2-9	.00-30	1-30	.00-30

Table 13

Analysis of Variance of Mean Number of Years Caring for the Elderly by Group

SOURCE	DF	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	2342.74	1171.37	36.66	.000
Within groups	237	7573.01	31.95		
Total	239	9915.75			
Scheffé contrasts--Significant differences between Groups 1 (ER) and 2 (LTC) and between Groups 1 (ER) and 3 (HC)					

Nurses' Perceptions of the Elderly Based on Care Setting

The mean scores, standard deviations, and frequencies for each of the two scales were analyzed first by care setting and then by total group. Using one way ANOVA for statistical analysis the overall findings on both the positive and negative subscales of each instrument for all three groups indicated positive perceptions toward the elderly. This was determined by summative scores.

The KOPS positive mean for each of the three groups was greater than 59.5. Specifically, the positive mean for Group 1 (ER) was 73.49, Group 2 (LTC) was 71.76, and Group 3 (HC) was 72.94 (See Table 14). Scheffé contrasts revealed that no two groups were significantly different at the .05 level (See Table 15).

Table 14

Perceptions of the Elderly on KOPS By Care Setting

	POSITIVE SCALE		NEGATIVE SCALE	
GROUP	MEAN	STD.DEV.	MEAN	STD.DEV.
EMERGENCY	73.49	8.12	38.21	9.52
LONG TERM CARE	71.76	8.61	45.71	12.92
HOME CARE	72.95	7.77	39.69	9.10
TOTAL	72.59	8.26	41.92	11.57

Table 15

Analysis of Variance Positive and Negative KOPS by Care Setting

POSITIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between Groups	2	134.18	67.09	.98	.37
Within Groups	225	15362.88	68.28		
TOTAL	227	15497.00			
NEGATIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between Groups	2	2743.71	1371.85	11.15	.000
Within Groups	227	27936.8	123.07		
Total	229	30680.5			
Scheffé Contrasts- Group 2 (LTC) was significantly different from Group 1 (ER) and Group 3 (HC)					

Statistical analysis of the KOPS negative subscale scores indicated a significant degree of difference amongst the three care setting groups. With a F Ratio of 11.15, the group means were as follows, Group 1 (ER) 38.21, Group 2 (LTC) 45.71, and Group 3 (HC) 39.69. The significant differences between the groups were analyzed by using the Scheffé test. In this study, the (LTC) group was significantly different from the ER and the HC group. Recalling that a score of less than 59.5 reveals disagreement with negative statements about the elderly, these results reveal that LTC group tended to disagree less with the negative statements about the elderly than the other two groups. Although the overall findings of the three groups (Sebulsky and Broad data compared) revealed positive perceptions toward the elderly, it is interesting to note that the LTC mean scores were consistent on both the positive and negative subscales. In this study, it was noted that the standard deviation between the KOPS negative subscale and the KOPS positive subscale was quite different. The overall standard deviation for the KOPS positive was 8.26, compared with the KOPS negative at 11.57.

TAAAS, the second tool used to measure perceptions toward the elderly, was divided into positive and negative subscales by the researcher. A score of 33 was identified for the total scale, a somewhat neutral finding (minimum 11; maximum 55). Scores falling below 33 on the negative scale would indicate participants disagreed with the negative statements about the elderly and viewed the elderly in a positive manner. Conversely, on the positive scale, scores exceeding 33 indicated agreement with the positive statements and were recognized as having positive perceptions

toward the elderly.

Results on the TAAAS positive revealed means greater than 33 which indicated the participants were in agreement with the positive statements about the elderly. As shown in Table 16 the ER nurses scored the highest at 40.38, the LTC nurses scored the lowest at 36.54 and the HC nurses were in the middle at 38.33. The overall group mean was 38.22. Scheffé tests revealed a significant difference between the mean for the LTC nurses and that of the ER nurses and HC nurses. This finding was in contrast with KOPS positive results which showed no significant differences between groups. TAAAS negative means were below 33 in all three groups as shown in Table 16.

Table 16

Perceptions of the Elderly on TAAAS by Care Setting

	POSITIVE SCALE		NEGATIVE SCALE	
GROUP	MEAN	STD. DEV.	MEAN	STD.DEV.
EMERGENCY	40.38	4.60	24.28	4.38
LONG TERM CARE	36.54	5.50	28.75	5.80
HOME CARE	38.33	3.80	26.35	4.01
TOTAL	38.22	5.11	26.73	5.34

This indicated that participants were in disagreement with the negative statements about the elderly. A significant difference was noted between the group scores, with

the LTC nurses having shown statistical differences with ER nurses and HC nurses (See Table 17). This finding has been consistent in KOPS negative, TAAAS positive and TAAAS negative.

Table 17

Analysis of Variance Negative and Positive TAAAS by Care Setting

NEGATIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	883.51	441.75	17.75	.000
Within groups	229	5698.38	24.88		
TOTAL	231	6581.89			
Scheffé Contrasts-Group 2 (LTC) differs significantly from Group 1 (ER) and Group 3 (HC)					
POSITIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between Groups	2	626.39	313.20	13.28	.000
Within Groups	224	5284.03			
TOTAL	226	5910.42			
Scheffé Contrasts-Significant difference between Group 1 (ER) and Group 2 (LTC)					

The results from both instruments indicated that nurses perceived the elderly positively. Because of this, the results from both instruments will be discussed

together. Emergency nurses showed a consistently more positive response toward the elderly than LTC nurses and HC nurses. This finding is in contrast with the results of both Broad (1992) and Turkowski (1983) who examined nurses in similar care settings. Their studies revealed that home care nurses were more positive toward the elderly than either acute care or long term care nurses. In the present study, the ER nurses were from the speciality of emergency nurses. The researcher can only suggest that the emergency nurses reflected more positive perceptions toward the elderly for the following reasons. First, the participants cared for those in a variety of age groups with different health problems. Second, the elderly examined in the emergency department were viewed as having an acute need. This finding was supported by participants responses to the short answer question: "Why do elderly people come to the emergency department?" with such statements as "they (the elderly) feel their need is urgent," and "they have no place else to go."

HC nurses' responses scores were very close to those of ER nurses. The reason for this may have been due to the type of client seen in home care. This client group is generally more independent, mobile and responsive to their caregivers. Most home care clients were able to remain in their own homes reinforcing a sense of independence and ownership to their environment. The means of LTC nurses' scores showed overall positive perceptions toward the elderly. However their scores were consistently lower than those of the other two groups. Clients in long term facilities were generally severely physically debilitated and also may have been severely cognitively impaired. They were usually dependent on the nurses for their personal

grooming, meals, mobility and other activities of daily living. Many residents living in LTC facilities did so because they were believed to be unsafe or unable to be cared for at home. Their prognosis for rehabilitation, returning to the community, and caring for themselves was generally very low.

Mean Scores on KOPS and TAAAS by Educational Level. An examination of the mean scores from the KOPS and TAAAS was done to determine if there was a difference between perceptions toward the elderly and the respondents' level of education. Results of the KOPS and TAAAS scores showed some inconsistency between the level of education and perceptions as shown in Table 18. Because the size of the group with graduate education at the master's level was very small, these subjects were combined with the BScN group. Although participants with the lowest level of education had the least positive attitudes on both scales, the reverse was not always true with the participants having a diploma or university degree. Interestingly, the nurses with a university degree scored highest on the KOPS whereas the RN group scored highest on the TAAAS.

Table 18

Mean Scores on KOPS and TAAAS by Educational Level

	TOLLETT-ADAMSON SCALE		KOGAN OLD PEOPLE SCALES	
EDUCATION	POSITIVE	NEGATIVE	POSITIVE	NEGATIVE
Technical School	36.89 n=19	27.05 n=20	71.75 n=20	42.14 n=21
RN	40.15 n=53	24.54 n=54	72.76 n=51	39.00 n=52
BScN/MN	38.83 n=29	25.03 n=30	73.31 n=29	38.90 n=29
Total	39.16 n=101	25.16 n=104	72.72 n=100	39.62 n=102

Nurses Perceptions of the Elderly Based on Job Category. There was a fairly strong consistency between the three group scores on both subscales of the TAAAS and KOPS instruments (See Table 19). The RN group mean score reflected this very strongly in three out of the four subscales. This data indicated they disagreed more with the negative statements about the elderly than the LPN (Group 2) and the NA/PCA/HSA (Group 3). Both of the negative subscales (TAAAS and KOPS) recognized a significant difference between the RN group and the NA/PCA/HSA group.

Table 19

Mean Scores on KOPS and TAAAS by Job Category

	TOLLETT-ADAMSON SCALE		KOGAN OLD PEOPLE SCALES	
JOB CATEGORY	POSITIVE	NEGATIVE	POSITIVE	NEGATIVE
RN	39.25	25.71	72.76	39.96
LPN	36.67	27.26	71.44	42.46
NA/PCA/HSA	37.00	28.69	73.03	45.67
TOTAL	38.27	26.76	72.65	41.86

Interestingly, the NA/PCA/HSA group scored highest on KOPS positive. As noted in Table 20, there were no significant differences noted between the groups. However, an analysis of TAAAS positive indicated that the RN group mean score was again higher than the other two groups and that all three groups were statistically different (See Table 21).

Table 20

Analysis of Variance Negative and Positive KOPS by Job Category

NEGATIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	1377.86	688.93	5.34	.005
Within groups	226	29130.94	128.89		
TOTAL	228	30508.8			
Scheffé Contrasts-Significant differences between Groups 1 (RN) and 3 (PCA/HSA/NA)					
POSITIVE SCALE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	57.75	28.87	.4233	.66
Within groups	224	15280.05	68.21		
TOTAL	226	15337.8			

Table 21

Analysis of Variance Negative and Positive TAAAS by Job Category

NEGATIVE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	385.38	192.69	7.08	.001
Within Groups	226	6148.92	27.21		
TOTAL	228	6534.31			
Scheffé Contrasts-Significant differences between Group 1 (RN) and Group 3 (PCA/HSA/NA)					
POSITIVE					
SOURCE	D.F.	SUM OF SQ.	MEAN SQ.	F RATIO	PROB.
Between groups	2	307.91	153.95	6.31	.002
Within groups	221	5396.02	24.42		
TOTAL	223	5703.93			
Scheffé Contrasts-Significant differences between all three groups					

Question One

The study was developed around two research questions (pp. 4-5). The following section will focus on a discussion in relation to each of these questions.

1. Does the care setting influence nurses' perceptions of the elderly?

Based on the data collected in this study and compared to that collected by

Broad, there were evidence that care setting was a factor in nurses' perceptions of the elderly. Overall, the perceptions were found to be positive. As was noted in the previous discussion the LTC group scored less positively than the HC or the ER nurses. This finding does not necessarily indicate that the elderly in long term care facilities were given a lesser quality of care than those housed in acute care or home care environments. Rather, it may have reflected the fact that nurses working in LTC may have viewed the elderly as being frail, dependent, and without little possibility for an improved quality of life in the future.

Question Two

Do factors such as age, length of time at their job, amount of time spent with the elderly, job category, preferred age group, recent preparation on aging conditions and education influence nurses' perceptions of the elderly?

An attempt was made to examine if a relationship existed between perceptions and the subjects' age, length of time at their job, amount of time spent with the elderly, job category, preferred age group, recent preparation on aging conditions and education. Stepwise regression was used to determine if the variables age, amount of time spent with the elderly, education and length of time at this job influenced perceptions toward the elderly. The results indicated that only 11.3% of the variance was explained by these variables. This indicated little or no predicative value. Because of the discrete nature of the remaining variables, job category, preferred age group, and recent preparation on aging, a regression analysis was not feasible.

Nurses' Perceptions of the Elderly Based on Other Variables. Eighty percent of emergency nurses indicated they had not attended any educational courses on gerontology since their graduation. Given these results it is unlikely that this variable had any influence on attitudes. In examination of the age group nurses preferred to work with it was reassuring to see that the participants selected the age groups that they spent the most time with. Long term care nurses and home care nurses selected those over 65 as their preferred group to work with while the emergency nurses preferred to work with a mix of age groups. A statistically significant difference was noted between the RN and PCA/HSA/NA group. Scores indicated that the diploma nurses disagreed most with the negative statements about the elderly on both subscales, while findings were mixed on the positive subscales. The PCA/HSA/NA group scored higher on the KOPS positive subscale statements than the other two groups. This finding was not consistent with the TAAAS positive subscale where the RN group mean score reflected the most positive attitude toward the elderly.

Correlations Between Negative and Positive Subscales

The correlation between the negative and positive scale KOPS=-.5866 (See Table 22). Kogan reported a range between OP+ and OP- from .46 to .52 in all three samples, all significant at the .01 level (1961). Correlation between negative and positive TAAAS=-.6288. As there were no reports of previous correlations between the two subscales no comparisons to previous results can be made.

Table 22

Correlation of Scores Between KOPS and TAAAS Scales

	NEGATIVE KOPS	POSITIVE KOPS	NEGATIVE TAAAS	POSITIVE TAAAS
NEGATIVE KOPS	1.00	-.5866	.7524	-.5857
POSITIVE KOPS	-.5866	1.00	-.4744	.6426
NEGATIVE T.A.A.S.	.7524	-.4744	1.00	-.6283
POSITIVE T.A.A.S.	-.5857	.6426	-.6283	1.00
*p. =0.05				

Reliability of the KOPS and the TAAAS

To test the internal consistency of each instrument a Cronbach's alpha was performed on each of the scales. The results shown in Table 23 are as follows, KOPS negative =.89 and KOPS positive =.74. Using Spearman-Brown reliability coefficients to test his scale, Kogan (1961) found "there is a trend toward greater reliability for the negative subscale than the positive subscale" (p. 48). For testing purposes the TAAAS was also divided into subscales. The reliability coefficients for the TAAAS negative was 0.75, while the coefficient for the TAAAS positive was 0.78. The authors of TAAAS tested the tool's reliability for the total scale only, finding a coefficient of 0.91 (Tollett & Adamson, 1980). The reliability coefficient for the TAAAS as a single instrument in Broad's study was 0.83. In this study, the

reliability coefficient of TAAAS as a single instrument was 0.85.

Table 23

Reliability of the KOPS and TAAAS

	KOPS NEGATIVE	KOPS POSITIVE
Cronbach's Alpha	0.89	0.74
	TAAAS NEGATIVE	TAAAS POSITIVE
Cronbach's Alpha	0.75	0.78

Responses to Short Answer Questions By the Acute Care/Emergency Nurses

In addition to the research instrument and demographic questionnaires emergency nurses were a number of short answer questions. From the responses to the short answer questions, it was noted that the majority of emergency nurses (58%) appeared to view non-urgent patients as illegitimate consumers of emergency services. It is interesting to note that ER nurses cited the major reason (87%) for elderly visits to the emergency department was nonmedical (i.e. loneliness, education, fear, no place else to go, or lack of social support). Not surprisingly, responses show overwhelmingly (82%) that nurses do not believe that appropriate use of emergency departments occurs.

Results concerning difficulties arising from caring for the elderly in the emergency are varied. Statements such as "not enough time" indicates nurses would probably be willing to spend more time with the aged. This speculation is supported

by such responses as "lack of followup," " need more social support," "difficulties with discharge planning," and "non-consistent care".

Recognizing that aging usually means the slowing down of some physiological processes, several nurses caution their colleagues to "be patient" in caring for the elderly. Others suggest the need for more support services in the areas of followup care.

Chapter 5

Conclusions and Recommendations

Conclusions

Each year the number and proportion of older adults in the population increases. A shift which has had a profound effect on the health care system. Older adults constitute about 25% of those who use health care services and require extended and ongoing care. Nurses are involved in the delivery of these clients health care needs. Historically, care of the elderly has not been a preferred age group for most nurses. In view of the increasing numbers of elderly people who seek nursing care, this is a major concern.

The purpose of this study was to examine nurses perceptions of the elderly in three different care settings and to determine if a difference existed between the groups. Data was collected from nurses in home care, long term care and acute care facilities. Following analysis it was found that nurses in all three care settings held positive perceptions toward the elderly. Although findings indicated positive perceptions, it was noted that the mean scores of nurses from the acute care setting were higher than those of the other two groups. In this study, the lowest scores came from nurses working in long term care. These findings are in contrast with those whose studies were similar (Broad, 1992; and Turkowski, 1983). In the latter studies, it was noted that although long term care nurses had the most negative attitudes toward the elderly, home care nurses scored more positively than acute care nurses. In reviewing the literature it was interesting to note that attitudes varied

within the same care setting. In Broad's acute care sample, participants worked on a medical unit whereas the acute care nurses in this study worked in an emergency department. Why this variation between the same care setting exists cannot be explained by the researcher.

Age as a variable was noted to vary by care setting. In this study, the mean age of home care and long term care nurses was approximately seven years older than the emergency nurses. This finding did not influence nurses' attitudes. Based on the results of other studies, (Jorn, 1984; Gillis, 1973; and Armstrong-Ester, Sandilands & Miller, 1989), these findings are consistent.

The marital categories were established. The majority of participants in all three care settings were married. There was no indication in the literature that marital status influenced nurses' attitudes.

There were differences in attitudes noted between the three employment categories. The RN group scored significantly more positively in three out of the four subscales. Conversely, the NA/PCA/HSA scored lowest on three out of the four subscales. Those in the NA/PCA/HSA group had the lowest level of educational preparation. The majority of these participants were found in the long term care setting. The group with the highest level of education, the RNs, were employed primarily by acute care institutions. It is important to note that those with the lowest levels of education and most negative attitudes are spending the greatest number of hours working with the elderly.

Education appeared to be a common factor in attitudes. An interesting split

was noted on mean scores on instruments when assessed in terms of educational level. The RN group scored more positively on the TAAAS subscale whereas the B.Sc.N. category scored higher on the KOPS subscales. However, the results were not significant. Findings by Campbell (1971) indicated that the NA group viewed the elderly less positively than the RN group. This was not consistent with the findings of Gillis (1973), who found that LPNs were more positive in their attitudes toward the aged than the baccalaureate nurses. Gillis speculated that this problem may be curriculum-based, a result of the care setting or a combination of both. In assessing the effect of continuing education on nurses' attitudes towards the elderly, acute care nurses were asked if they had participated in any learning activities related to the elderly since graduation. Considering that only 20% of nurses answered in the affirmative, it was believed not to be a factor in this group.

Nurses who spent the greatest amount of time with the elderly demonstrated the least positive attitudes. Home care and long term care nurses spent more time with the aged than the acute care nurses. This finding has been consistent with several authors (Broad, 1992; Brower, 1981a; and Campbell, 1971). This variable becomes even more important when one compares the mean scores of acute care nurses in Broad's with those of emergency nurses in this study. The amount of time spent with the elderly is double that spent by the ER nurses in this study. Emergency nurses in this study scored the most positively of all three groups whereas the acute care nurses in Broad's study did not. Recognizing that time is a factor raises the question of the nature of the interaction between elderly people and nurses, and, what

it is that causes a group of caregivers to have more negative attitudes than those of other nursing groups. Recalling that much of the personal care given to the dependent adult in long term facilities is provided by the NA/PCA/HSA group, it is reasonable to suggest that their attitudes maybe shaped by their environment. Similarly, the acute nurses in Broad's study would most likely spend the majority of their day with the elderly most dependent on their care. The characteristic of greater dependency appears to evoke a more negative attitude in the caregiver. This finding has been supported in the literature by others (Thomas & Yamamoto, 1975, Brown, M.I., 1971, cited in Ingram & Fielding, 1985; and Turkowski, 1983).

Years of experience at their job did not appear to influence nurses attitudes, although it was noted that nurses remained significantly longer in long term care as opposed to acute care or home care settings. In view of the finding that long term care nurses preferred working with the elderly, it is plausible they worked longer in this care setting because they enjoyed working with the elderly. The results of this study did not indicate that participants who had contact with an elderly person in their youth had any influence on their attitudes, although over 66 per cent of the participants had this experience. Literature reviewed for this study did not show any conclusive findings. Broad's (1992), findings were in agreement with present results. However other authors reached different conclusions. Robb (1979) and McCabe (1989) found that nurses with close personal contact with an older person reported more positive attitudes toward older people.

In summary, care setting appeared to have had the most consistent influence

on the attitudes of the three different nursing groups. Mean number of hours spent with the group, and job category also contributed to small differences between the groups.

Limitations of the Study

1. In a survey design the question of social desirability is always a limitation. If this occurred it would have been consistent amongst all three groups.

2. Data was collected during two different time periods and may have influenced the results of this study.

3. Data was collected from the acute care nurses during the spring and summer months when some full and part-time staff were away on vacation. Casual nurses who were replacing them were not included in the study. This may be responsible for a 59% response rate.

4. A convenience sample was used in this study. Therefore generalizations cannot be made to all emergency nurses.

Implications for Nursing

Education. There has been limited educational focus on gerontological curricula in basic programs. This has implications for the student, the graduate nurse and the employing agency. Wider understanding of the normal human aging process on the part of nurses, is required. Perhaps more important, is an understanding of the appropriate use of interventions and the examination of outcomes related to the needs of elderly people.

It has been widely recognized that beginning nursing students should not have

their initial clinical experience with the dependent, severely debilitated elderly. Yet students continue to be placed in such settings in large numbers. Beginning students are expected to develop goals, effective relationships with clients, and carry out appropriate nursing interventions with clients who demonstrate complex physical and cognitive impairments. This is, of course, totally unrealistic. These frustrating experiences can only decrease the desire of beginning students to work with this age group and cause a resulting increase in stereotyping of elderly people. The need for beginning nursing students to have their initial clinical experiences with the well elderly has long been recognized by those with expertise in gerontological nursing and is long overdue.

There is a need for specialized continuing educational programs in gerontological nursing. This need exists at both the graduate and undergraduate levels. The increasing size of the elderly population has not been met by a corresponding growth in gerontological content in continuing education. This responsibility lies with the employer, the employee and the academic institutions. The employer has a responsibility to hire staff with the most expertise in client care. The employee has a responsibility to have the most current knowledge in their clinical areas. Likewise, the academic institutions have a responsibility to promote gerontological nursing programs as a speciality.

Nursing Administration. The organizational setting plays a very important role in determining employee attitudes. In long term care settings, attitudes of employees were consistently more negative toward the elderly than in other settings. In these

settings, employees are expected to perform routine patient care tasks on a daily basis. Could the repetitive nature of the employee's work affect their attitudes? The link between attitudes and behaviour has serious consequences for client care. If so, employers could make modifications in work schedules to enhance work environments.

A serious look at how well research findings are employed in nursing care requires a commitment on the part of nursing administrators and educators alike. Valuable links with researchers and caregivers would do much to improve the "we", "they" attitude of these two groups which has done little to contribute to better care of clients.

Public Awareness. Nurses need to make the public aware of the types of services they can provide. When health care cuts and job losses are the order of the day, it is necessary that nurses be seen as an integral part of health care services to the elderly. If nurses are not seen as being accountable to their clients in terms of quality of care and cost effective care, they will be replaced. This has begun to happen and nurses are being replaced daily with more poorly qualified staff in order to balance budgets. Nurses have much to contribute to the resolution of health problems, developing intervention programs, planning facilities or wrestling with the difficult ethical issues of life, death, and quality of life. Assisting the elderly to become informed and empowered to make rational decisions on the appropriate health care programs for them is a challenge to nurses and nursing.

Recommendations for Future Research

It is necessary to study the attitudes of different groups towards the elderly people to provide replication of data and contribute to its external validity. It would also be beneficial to examine relationships relative to dependency and attitudes. An interesting point of discussion would be to examine if there was a difference in attitudes of nurses caring for the aged and those who care for infants.

Studies which examine the relationships of attitudes and behaviour are also required. This might include how bureaucratic models of health care delivery affect factors such as autonomy and professionalism in nurses, and how these factors affect nurses attitudes toward consumers.

If nurses wish to remain a viable member of the health care community, our actions and words must be seen as making a unique contribution to client care. Without measurable outcomes, the contributions of nurses will become less valued.

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APPENDIX A

Tollett and Adamson Aging Attitude Scale

Instructions: Each of the following is a statement about people who are 65 years of age or older. Please place an "X" in the space below each statement which best describes your reaction to that particular statement.

1. Elderly people tend to relax previous standards of personal appearance.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

2. Elderly people should not hold positions of authority in Canadian society.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

3. Elderly people are more resistant to new ideas and new ways of doing things than young and middle-aged people.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

4. Elderly people possess fewer prejudices against ethnic and minority groups than middle-aged people.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

5. Elderly people enjoy sexual activity.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

6. Most elderly people expect their children to take care of them.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

7. Elderly people enjoy helping each other.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

8. Elderly people are interested in the future.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

9. Living together without marriage is acceptable for young males and females but taboo for elderly males and females.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

10. Elderly people are too conservative and traditional to hold positions of authority in business.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

11. Elderly people can take care of their physical needs without assistance.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

12. Most elderly people are very stoic and set in their ways.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

13. Federally subsidized payments of heating costs for the elderly would be unfair.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

14. Most elderly people behave as mature adults.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

15. Most elderly people are capable of functioning within Canadian society.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

16. Elderly people are optimistic toward the future.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

17. Elderly people tend to lose faith in their religious beliefs.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

18. Elderly people prefer to be left alone.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

19. Elderly people enjoy new experiences and travelling.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

20. Elderly people tend to be equally concerned about themselves and others.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

21. Elderly are more concerned with dying than they are with living.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

22. Elderly people enjoy the company of both males and females of all age groups.

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
( )	( )	( )	( )	( )

Note: Cited in Attitudes of Registered Nurses Toward the Elderly (pp. 46-47) by D. L. Jorn, 1984, Unpublished master's thesis, Texas Women's University, Denton, TX. Copyright 1980 by Susan M. Tollett.

APPENDIX B

Kogan Old People Scales

DIRECTIONS: On the following questionnaire, you will find a number of statements with which you may or may not agree. Following each statement are six boxes labelled as follows:

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate box.

Please consider each statement carefully, but do not spend too much time on any one statement. PLEASE DO NOT SKIP ANY ITEMS.

There are no "right " or "wrong" answers--the only correct responses are those that are true for you.

1. It would probably be better if most old people lived in residential units with people their own age.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

2. Most old people respect others privacy and give advice only when asked.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

3. If most old people expect to be liked, their first step is to try to get rid of their irritating faults.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

4. It would probably be better if most old people lived in residential units that also housed younger people.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

5. There is something different about most old people: its hard to figure out what makes them tick.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

6. When you think about it, old people have the same faults as anybody else.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

7. In order to maintain a nice residential neighbourhood, it would be nice if too many old people did not live in it.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

8. Most old people are really no different from anybody else: they're as easy to understand as any younger.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

9. Most old people get set in their ways and are unable to change.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

10. You can count on finding a nice residential neighbourhood when there is a sizeable number of old people living in it.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

11. There are a few exceptions, but in general most old people are pretty much alike.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

12. Most old people are capable of new adjustments when the situation demands it.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

13. Most old people would prefer to quit work as soon as pensions or their children can support them.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

14. It is evident that most old people are very different from one another.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

15. Most old people should be concerned with their appearance; they're too untidy.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

16. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

17. Most old people tend to let their homes become shabby and unattractive.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

18. Most old people seem to be quite clean and neat in their personal appearance.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

19. Most old people are irritable, grouchy, and unpleasant.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

20. Most old people can generally be counted on to maintain a clean, attractive home.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

21. It is foolish to claim that wisdom comes with old age.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

22. Most old people are cheerful, agreeable, and good humoured.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

23. Most old people are constantly complaining about the behaviour of the younger generation.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

24. People grow wiser with the coming of old age.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

25. Old people have too power in business and politics.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

26. One seldom hears old people complaining about the behaviour of the younger generation.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

27. Old people make excessive demands for love and reassurance.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

28. Old people have too little power in business and politics.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

29. Most old people make one feel ill-at ease.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

30. Most old people need no more love and reassurance than anybody else.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

31. Most old people are relaxing to be with.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

32. Most old people bore others by their insistence on talking about "the good old days".

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

33. One of the most interesting qualities of old people is their accounts of their past experiences.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

34. Most old people spend too much time prying into the affairs of others and giving unsought advice.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
( )	( )	( )	( )	( )	( )

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

Note. From "Attitudes toward old people: The development of a scale and an examination of correlates" by Nathan Kogan, 1961, Journal of Abnormal and Social Psychology, 62(1), p.46-47.

APPENDIX C

Information Form

Please complete the following questions. There is no way to identify you from your answers as your name is not on the sheet. The only identification will be a code on the top corner which will let the researcher know which questionnaires all came from the same person.

1. AGE ----------

2. Place an "X" beside appropriate answers

   GENDER Male ------ Female ------

   (Please fill in the blanks)

3. MARITAL STATUS

   1. Married ----
   2. Single ----
   3. Widowed ----
   4. Divorced ----
   5. Other (Please specify)

      _____

4. JOB CATEGORY: (Circle appropriate answer)

   1. RN
   2. LPN

5. On the average, how many hours each working day do you spend working with elderly people?

   (Fill in the blank)

   ---------- hrs

6. How long have you worked at this job?

   (Fill in the Blank)

   ---------- hrs

7. Did you ever have close continued contact with an elderly person when you were a child or teenager?
(Check the appropriate answer)

Yes ---- No ----

8. How many years have you been caring for elderly patients?
(Fill in the Blank)

---------- years

9. Highest level of education: (Circle appropriate answer).
1. Technical Institute Program
2. RN
3. BScN or other Bachelor's degree
4. MN or other Master's degree

10. Have you attended any educational programs, or short courses on gerontology following your graduation from nursing?

Yes_____ No_____

11. What age group do you prefer to look after?
(Please circle your choice)

1. Infants (0-1 years of age)
2. Children (2-12 years of age)
3. Teenagers (13-19 years of age)
4. Young adults (20-45 years of age)
5. Middle aged adults (46-64 years of age)
6. Elderly (65 and older)

12. Do you feel emergency departments are used as they ought to be?

Yes------- No-------

13. Do you think that non-urgent emergency patients should be seen in the emergency department?

14. Why do you feel elderly people come to the emergency department?

15. Within your opinion, are there any difficulties in caring for the elderly patients in the emergency department?

16. Do you have any suggestions for the emergency care of the elderly?

THANK YOU FOR FILLING OUT THE QUESTIONNAIRE

APPENDIX D

Letter of Information

My name is Jacqueline Sebulsky and I am a student in the Master of Nursing Program at the University of Alberta. I am completing a study to try and determine factors that are related to perceptions toward the elderly. I am asking you to fill out two questionnaires. They are the Tollett Adamson Attitude Toward Aging Scale and The Elderly People Scale. These questionnaires ask about your perceptions toward the elderly. As well, there is an information form that asks questions about your age, work experiences, and education. It is expected that all three questionnaires will take you about 20 minutes. By completing the questionnaire you will have agreed to participate in the study. Anonymity is guaranteed because you are not identified anywhere on the completed forms. If you choose to take part in the study, please complete all of the questions. Your answers will be used to try and determine what factors are related to perceptions toward the elderly. The questions may seem to be repetitive at times but it is important to answer them all. The completed questionnaires are to be deposited in a sealed box in the nurses' lounge within the next three weeks. A followup discussion group of six to eight nurses who volunteer to speak with the researcher about issues relative to care of the elderly in emergency rooms will be conducted. This interview will be audiotaped and the transcript typed. The content will be used to assist in interpreting the questionnaire results.

The data collected will be stored in a locked drawer. Any articles or presentations resulting from the study will not report individual results but rather the

collective findings. The information I obtain from the questionnaires will be saved, if it is used for another study, permission will not be obtained without the approval of the Faculty of Nursing Ethical Review Committee beforehand. The hospital administration have given me permission for this study to be done, but they will not see any individual responses.

You do not have to participate in this study if you do not want to. There will be no consequences if you do not take part in this study.

If you decide to participate I thank-you very much for your help. After the study is completed I will be glad to present my findings at your hospital.

If you have any questions of concerns, do not hesitate to contact me or my thesis supervisor.

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